The Commonwealth of Massachusetts Division of Banks Consumer Assistance Section

COMPLAINT FORM

PLEASE PRINT. Answer as many questions as possible. (* See notes below)

	COMPLAINT REPORTED BY:				
	Name (Mr. Mrs. Ms.)				
	Number and Street				
	City or Town	State	_Zip		
	Home Phone	_Business Phone			
COMPLAINT REPORTED AGAINST:					
	Name of Bank or Company				
	Number and Street				
	City or Town	State	_Zip		
	Phone(s)				
Person(s) you dealt with and their positions (Manager, Vice Pres., etc.)					
	Name	_Position	Tel		
	Name	Position	Tel		
Was contract signed?		_(if yes, please enclose a	а сору)		

Please read carefully. We are best able to assist you with your complaint if you do the following:

- 1. Answer as many questions as possible, giving full name, titles, addresses, and phone numbers.
- 2. Attach copies of any letters, documents, contracts, or receipts pertinent to your complaint. (DO NOT SEND ORIGINALS OR YOUR BANK BOOK).
- 3. If the word "Federal", "National" or the initials "N.A." are in the bank's name, it is not regulated by the state. We will refer you to the correct agency.
- 4. Because of the complexity of some complaints, delays in processing do occur. We will make every effort to respond expeditiously to your complaint.
- 5. This Office will thoroughly investigate your complaint and make every effort to bring about a satisfactory resolution. Occasionally, a resolution may not lie within the jurisdiction of this office. If this is the case, we may advise you to seek an attorney, to sue in small Claims Court, or refer you to an appropriate agency.

BRIEFLY STATE THE FACTS OF YOUR COMPLAINT.

Include the types of accounts, dates of transactions, correspondence, etc., the reason you feel there is a problem; the steps you have taken to resolve the dispute yourself; and the bank or company's response.

PLEASE WRITE CLEA	ARLY. Use extra paper if necessary.	
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STATE THE REMEDY	YOU WOULD PREFER.	
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In order to resolve this complaining against.	complaint, we may send a copy of this f	orm to the bank or company you are
	ed on this form is true, correct, and comp any relevant documentation from any pa	
Please sign, date and	return to :	
	Division of Banks Attn.: Consumer Assistance Section One South Station Boston, MA 02110	Tel: (617) 956-1500 Fax: (617) 956-1599 TDD: (617) 956-1577
Signature		Date